



A study on maternal deaths in Turkey: a nationwide study

Engin-Üstün Y, Keskinkılıç B, Uygur D, Özcan A, Keskin HL, Karaahmetoğlu S, Dede H, Sanisoğlu S, Şencan İ

Turkish Public Health Agency, Preliminary Investigation Committee for Maternal Deaths, Government of Health, Ankara, Turkey, Ankara, Turkey

Objective

To evaluate the distribution of maternal deaths in Turkey over a one year period.

Methods

In this study, the case files of all pregnancy-associated deaths recorded in Turkey in 2014 were reviewed. Turkish Statistical Institute (TURKSTAT) collects number of deaths and causes of death statistics by the vital registration (VR) system since 2009 in details of ICD-10 codes. All maternal deaths are then reported and evaluated by the Preliminary Investigation Committee for Maternal Deaths at the Ministry of Health of Turkey. A death was classified as preventable by consensus of the expert committee. This investigation was reviewed and approved by the Public Health Agency of the Ministry of Health of Turkey. Data on maternal age, parity, presence of antenatal care, literacy level, birth and death settings, cause of death and preventability were recorded.

Results

In Turkey, a total of 212 maternal deaths were recorded in 2014 which gives a MMR of 15.2 per 100 000 live births. There were 14 home deaths (6.6%) and 195 hospital deaths (92%). 3 (1.4%) deaths were in the ambulance. Of hospital deaths, 17 occurred in private hospitals (secondary care centers), 143 (67.5%) occurred in tertiary referral centers and 35 (16.5%) in public secondary care centers. There were 42 maternal deaths which occurred during delivery at private hospitals. Twenty five of them were found to be transported to a tertiary referral system, sixteen of which were high risk pregnancies. Amongst the home deaths, only one woman was reported to give birth at home, one occurred during the first 48 hours postpartum, two occurred between 2-7 days and six between 7-42 days. Four women were reported missing during pregnancy.

Conclusion

High risk pregnancies should not be followed up and delivered in secondary level private hospitals.